## Tripura Medical Education (Administrative & Faculty) Service Conditions Rules, 2015

## (Option form for doing Private Practice)

| Under       | the provision of rule 21 of the Tripura M                                           | edical Edu               | cation (Ad  | ministrative & | . Faculty)                            |
|-------------|-------------------------------------------------------------------------------------|--------------------------|-------------|----------------|---------------------------------------|
|             | 2015 as framed by the Government of                                                 |                          |             |                |                                       |
| /DME/ESTT/2 |                                                                                     |                          |             |                | .0(200)                               |
| I, Dr.      |                                                                                     |                          |             |                |                                       |
| now working | in the Post of                                                                      | at                       | Agartala    | Government     | Medical                               |
|             | orate of Medical Education exercise option                                          |                          |             |                |                                       |
| 1)          | Doing private practice on the terms and definition Service (Administrative & Facult |                          |             |                |                                       |
| 2)          | Drawing non-practicing allowance as adm                                             | nissible as <sub>l</sub> | per govern  | rnent Rule.    | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|             |                                                                                     | 1                        |             |                |                                       |
|             |                                                                                     | S                        | Signature c | of the Officer |                                       |
|             |                                                                                     |                          |             |                |                                       |
|             |                                                                                     |                          |             | AL LETTER      |                                       |
|             | Desk                                                                                | gnation                  |             |                | -                                     |
|             | Date of s                                                                           | signing this             | s option    |                |                                       |
|             |                                                                                     |                          |             |                |                                       |